



**Town of Fishkill Department of Planning  
and Economic Development**  
807 Route 52 - Fishkill, NY 12524-3110  
Phone: (845) 831-7800 ext. 3328  
Fax: (845) 831-2964

**Preliminary Layout Application for  
Subdivision & Resubdivision of Land**

**FOR OFFICE USE ONLY**

Application No: \_\_\_\_\_

**Fees Paid:**

Application Fee: \_\_\_\_\_

Escrow Deposit: \_\_\_\_\_

1. **Proposed Name of Subdivision** (If this is an application for a Resubdivision please list the approved Subdivision's Name: \_\_\_\_\_)

2. **Applicant's Information:**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

3. **Property Owner's Information:**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

If Corporation, please supply name of agent: \_\_\_\_\_

4. **Representative's Information:**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ License No. (if applicable) \_\_\_\_\_

5. **Property's Grid No:** \_\_\_\_\_ **Map No.:** \_\_\_\_\_ **Lot No.:** \_\_\_\_\_

6. **Location of Property:** \_\_\_\_\_

7. **Property's Street Address:** \_\_\_\_\_

8. **This property is located in the** \_\_\_\_\_ **Zoning District.**



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9. Number of Lots Proposed (list proposed Lot No. and proposed acreage per lot):

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10. Brief description of the Proposed Subdivision or Resubdivision:

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11. Deed(s) recorded in the Dutchess County Clerk's Office:

Date: \_\_\_\_\_ Liber: \_\_\_\_\_ Page: \_\_\_\_\_

12. The Owner/Applicant has an interest in abutting property as stated below or on the attached sheet (If none, so state):

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13. **Professional Engineer or Land Surveyor's Information:**

Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

License Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

14. Does the Owner propose to submit a Final Subdivision Plat to cover the entire Preliminary Layout, or file same in sections? \_\_\_\_\_

15. Does the Applicant propose to dedicate to the Town any or all streets and/or highways, which may be shown on the Preliminary Layout? \_\_\_\_\_

16. Number of acres which the Applicant proposes to dedicate for public use for parks and/or playground purposes: \_\_\_\_\_

17. Does the Applicant intent to request from the Board any waivers of the requirements of the Land Subdivision Regulations upon the submission of the Final Plat for approval? (If any waivers of these requirements are to be requested, list them and indicate the reasons that any such requirements should be waived.

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**STATEMENT OF CONFORMANCE:**

I/We, the undersigned, hereby acknowledge that I/We, have read this application and state that the above is correct and agree to comply with all the Town and County Ordinances and State Laws regarding subdivision. I/We, hereby authorize the Town of Fishkill Planning Board, Town of Fishkill Officials and/or consultants of the Town of Fishkill to enter and inspect this property at any reasonable hour of the day, including Saturday and Sunday.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Property Owner's Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Applicant's Representative's Signature**

\_\_\_\_\_  
**Date**



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**Checklist:** (as may be applicable)

**Applicant's Name:** \_\_\_\_\_

**Subdivision Plat Title:** \_\_\_\_\_

**Items:**

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Site Plan                                      | 22. <input type="checkbox"/> Storm Drainage                      |
| 2. <input type="checkbox"/> Applicant's Name(s)                            | 23. <input type="checkbox"/> Refuse Storage                      |
| 3. <input type="checkbox"/> Applicant's Address                            | 24. <input type="checkbox"/> Other Outdoor Storage               |
| 4. <input type="checkbox"/> Site Plan Preparer's Name                      | 25. <input type="checkbox"/> Water Supply                        |
| 5. <input type="checkbox"/> Site Plan Preparer's Address                   | 26. <input type="checkbox"/> Sanitary Disposal System            |
| 6. <input type="checkbox"/> Drawing Date                                   | 27. <input type="checkbox"/> Fire Hydrants                       |
| 7. <input type="checkbox"/> Revision Date(s)                               | 28. <input type="checkbox"/> Building Locations                  |
| 8. <input type="checkbox"/> Area Map Inset                                 | 29. <input type="checkbox"/> Building Setbacks                   |
| 9. <input type="checkbox"/> Site Designation                               | 30. <input type="checkbox"/> Building Elevations                 |
| 10. <input type="checkbox"/> Property owners within 500' of project site   | 31. <input type="checkbox"/> Divisions of occupancy              |
| 11. <input type="checkbox"/> Property owners addresses (Item No. 10 above) | 32. <input type="checkbox"/> Sign details (colors & samples)     |
| 12. <input type="checkbox"/> Plot Plan                                     | 33. <input type="checkbox"/> Data Table Inset                    |
| 13. <input type="checkbox"/> Scale   | 34. <input type="checkbox"/> Property Area (nearest 100')        |
| 14. <input type="checkbox"/> Metes and Bounds                              | 35. <input type="checkbox"/> Building Coverage (sq. ft.)         |
| 15. <input type="checkbox"/> Zoning District Designation                   | 36. <input type="checkbox"/> Building Coverage (% of total area) |
| 16. <input type="checkbox"/> North Arrow                                   | 37. <input type="checkbox"/> Pavement Coverage (sq. ft.)         |
| 17. <input type="checkbox"/> Abutting Property Owners (Item No. 10 above)  | 38. <input type="checkbox"/> Pavement Coverage (% of total area) |
| 18. <input type="checkbox"/> Existing Building Locations                   | 39. <input type="checkbox"/> Open Space (sq. ft.)                |
| 19. <input type="checkbox"/> Existing Paved Area                           | 40. <input type="checkbox"/> Open Space (% of total area)        |
| 20. <input type="checkbox"/> Existing Vegetation                           | 41. <input type="checkbox"/> Number of Parking Spaces Required   |
| 21. <input type="checkbox"/> Existing Access and Egress                    | 42. <input type="checkbox"/> Number of Parking Spaces Proposed   |

**PROPOSED IMPROVEMENTS**

- 43. ☐ Landscaping
- 44. ☐ Exterior Lighting
- 45. ☐ Screening
- 46. ☐ Existing Access and Egress
- 47. ☐ Parking Areas
- 48. ☐ Loading Areas
- 49. ☐ Paving Details
- 50. ☐ Curbing Locations
- 51. ☐ Curbing through section
- 52. ☐ Catch Basin Locations
- 53. ☐ Cath Basin through section

**OTHERS**

- 54. ☐ \_\_\_\_\_
- 55. ☐ \_\_\_\_\_
- 56. ☐ \_\_\_\_\_
- 57. ☐ \_\_\_\_\_
- 58. ☐ \_\_\_\_\_
- 59. ☐ \_\_\_\_\_
- 60. ☐ \_\_\_\_\_